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CERTIFICATE OF MAILING(37 CFR 1.8)

PATENT

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Date: 8/6/04

Patti Hespell
Patti Hespell

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SERIAL NUMBER 09/204,888	FILING DATE 03 DEC 1998	FIRST NAMED INVENTOR ELDERING	ATTY. DKT. NO. 8887-3002 (T702-00)
TITLE SUBSCRIBER CHARACTERIZATION SYSTEM		ART UNIT 2611	EXAMINER BUI, KIEU OANH T

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

In accordance with the provisions of 37 C.F.R. §1.97, Applicants hereby wish to make of record the references listed on the accompanying PTO Forms SB/08A and 08B for consideration by the Examiner in the examination of the above-identified patent application. Copies of the patent documents are enclosed.

This Information Disclosure Statement is being submitted:

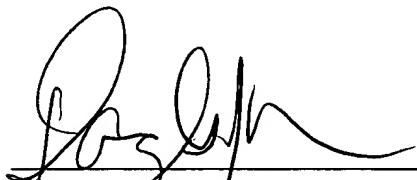
- ☐ (1) within three (3) months of the filing date, entry into national phase in an international application or before the mailing date of the First Office Action; or
- ☒ (2) after the period defined in (1) above but before the mailing date of a Final Rejection or Notice of Allowance, and
 - ☐ Certification is made below, or
 - ☒ The check, or authorization to charge deposit account no. **501535**, in the amount of the fee set forth by 37 C.F.R. §1.17(p) is attached.
- ☐ (3) after the mailing date of a Final Rejection or Notice of Allowance but before the payment of the Issue Fee, and
 - ☐ Applicant hereby Petitions the Commissioner to consider the attached references; Certification is made below and the fee is included.

CERTIFICATION

Applicant(s) certify that:

- ☐ (1) Each item or reference was cited in a communication from a foreign patent office in a corresponding foreign application not more than three months prior to the filing date of the Statement; or
- ☐ (2) No item or reference was cited in a communication from a foreign patent office in a corresponding foreign application or, to the knowledge of the Applicant(s), was not known more than three months prior to the filing of the Statement.

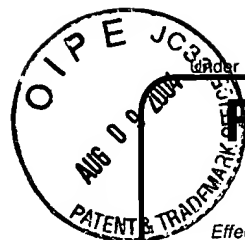
Respectfully submitted,



Douglas J. Ryder
Reg. No. 43,073

Date: 8/6/04

Expanse Networks, Inc.
6206 Kellers Church Road
Pipersville, PA 18947
(215)766-2100



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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00**

Complete if Known

Application Number	09/204,888
Filing Date	03 DEC 2000
First Named Inventor	ELDERING
Examiner Name	BUI, KIEU OANH T
Art Unit	2611
Attorney Docket No.	8887.3002 (T702-00)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 501535
Deposit Account Name: Expanse Networks, Inc.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	0.00
1002 340	2002 170	Design filing fee	0.00
1003 530	2003 265	Plant filing fee	0.00
1004 770	2004 385	Reissue filing fee	0.00
1005 160	2005 80	Provisional filing fee	0.00
SUBTOTAL (1)			(\$) 0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
18	-58** = 0	9.00	0.00
Independent Claims	4	-5** = 0	43.00
Multiple Dependent			

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0.00

**Fee pd electronically

SUBMITTED BY

(Complete (if applicable))

Name (Print/Type)	Douglas J. Ryden	Registration No. (Attorney/Agent)	43,073	Telephone	(215)766-2100
Signature		Date	August 6, 2004		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> CUSTOMER NUMBER 27832	Application Number	09/204,888	
	Filing Date	3 December 1998	
	First Named Inventor	ELDERING	
	Group Art Unit	2611	
	Examiner Name	BUI, KIEU OANH T	
Total Number of Pages in This Submission	190	Attorney Docket Number	T702-00 (8887.3002)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Cited References (181 pgs.) Return Receipt Postcard Copy of Electronic Filing Fee Receipt Certificate of Mailing		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Technology, Patents and Licensing, Inc. Douglas J. Ryder, Reg. No. 43,073
Signature	
Date	8/6/04

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: 06-Aug-2004	
Typed or printed name	Patti Hespall
Signature	
Date	8/6/04

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FEE TRANSMITTAL

Electronic Version v08
 Stylesheet Version v08

**Title of
Invention**

Subscriber Characterization System

Application Number: 09/204888 *09/204888*
 Date: 1998-12-03
 First Named Applicant: Charles A Eldering
 Attorney Docket Number: 8887-3002
 Art Unit: 2611
 Examiner: Kieu Oanh T Bui

TOTAL FEE AUTHORIZED \$180

Patent fees are subject to annual revisions on or about October 1st of each year.

BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$
Submission Of Information Disclosure Stmt Fee	1806	180	180

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 501535
 Access Code: ****
 Deposit name: Expanse Networks, Inc.
 Deposit authorized name: Patti Hespell
 Signature: /plh/
 Date (YYYYMMDD): 2004-08-05

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.



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on 8/06/04
Date

1. Transmittal (1 pg.)
2. Fee Transmittal in duplicate (2 pgs.)
3. Information Disclosure Statement (3 pgs.)
4. PTO SB/08A (1 pg.)
5. Cited References (181 pgs.)
6. Copy of Electronic IDS Filing Fee Receipt (1 pg.)
7. Return Receipt Postcard

Patti Hespell
Signature

Patti Hespell

Typed or printed name of person signing Certificate

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